

Minnesota Department of Human Services Waiver Review Initiative

Report for: **Kandiyohi County**

Waiver Review Site Visit: July 2014

Report Issued: September 2014

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Acknowledgements

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ABOUT THE MINNESOTA DEPARTMENT OF HUMAN SERVICES

The Minnesota Department of Human Services (DHS) helps people meet their basic needs by providing or administering health care coverage, economic assistance and a variety of services for children, people with disabilities and older Minnesotans. DHS's Continuing Care Administration strives to improve the dignity, health and independence of Minnesotans in its annual administration and supervision of \$3.5 billion in state and federal funds, which serve over 350,000 individuals.

ABOUT THE IMPROVE GROUP

The Improve Group is an independent evaluation and planning firm with the mission to help organizations deliver effective services. The research design, data collection, analysis and reporting expertise of the Improve Group emphasizes building the capacity of local organizations to make information meaningful and useful.

ADDITIONAL RESOURCES

Continuing Care Administration (CCA) Performance Reports:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_166609

Waiver Review Website:

www.MinnesotaHCBS.info

About the Waiver Review Initiative

The primary goal of the Waiver Review Initiative is to assure compliance by lead agencies (counties, tribes, and Managed Care Organizations) in the administration of Minnesota’s Home and Community-Based Service (HCBS) programs. The reviews allow DHS to document compliance, and remediation when necessary, to the Center for Medicare and Medicaid Services (CMS), and to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency including: program summary data and performance measures; review of participant case files; a survey of local service providers; a quality assurance survey; and a series of focus groups and interviews with staff at all levels.

This comprehensive approach results in multiple sources of information upon which the findings presented in this report are based. Where findings led to either a recommendation or a requirement for the lead agency in the administration of their HCBS programs, they are supported by multiple, compelling sources of evidence.

Table 1 below summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of Data Collection Methods

| Method | Number for Kandiyohi County |
|--------------------------|--|
| Case File Review | 65 cases |
| Provider survey | 3 respondents |
| Supervisor Interviews | 3 interviews with 3 staff |
| Focus Group | 1 focus group(s) with 14 staff |
| Quality Assurance Survey | One quality assurance survey completed |

Minnesota first developed its HCBS programs in the 1980s to enable people who would otherwise have to receive their care in institutions to stay in their own homes or communities and receive the care they need. HCBS programs include home care services such as private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver

programs. The Waiver Review Initiative most closely examines the six HCBS programs of: (1) Developmental Disabilities (DD) Waiver, (2) Community Alternative Care (CAC) Waiver, (3) Community Alternatives for Disabled Individuals (CADI) Waiver, (4) Brain Injury (BI) Waiver, (5) Elderly Waiver (EW) and (6) Alternative Care (AC) Program. These are generally grouped by the population they serve: the DD waiver program serves people with developmental disabilities; the CAC, CADI and BI programs serve people with disabilities and are referred to as the CCB programs; and the EW and AC programs serve persons aged 65 and older.

About Kandiyohi County

In July 2014, the Minnesota Department of Human Services conducted a review of Kandiyohi County's Home and Community Based Services (HCBS) programs. Kandiyohi County is a rural county located in central Minnesota. Its county seat is located in Willmar, Minnesota and the County has another 11 cities and 24 townships. In State Fiscal Year 2013, Kandiyohi County's population was approximately 42,315 and served 553 people through the HCBS programs. According to the 2010 Census Data, Kandiyohi County had an elderly population of 15.0%, placing it 55th (out of the 87 counties in Minnesota) in the percentage of residents who are elderly. Of Kandiyohi County's elderly population, 7.6% are poor, placing it 61st (out of the 87 counties in Minnesota) in the percentage of elderly residents in poverty.

Kandiyohi County's Health and Human Services Department is the lead agency for all of the HCBS waiver programs. The Public Health and Family Services departments merged into Health and Human Services on January 1, 2014. The HCBS programs are managed by three units within Health and Human Services. The HCBS Assessment Unit is the lead for the AC and EW programs and also conducts all of the screenings and assessments for the waiver programs. The HCBS Ongoing Services Unit performs ongoing case management for CAC, CADI, BI, and DD cases. The Adult Mental Health Unit also manages CADI and BI cases where waiver participants also have a mental health diagnosis. Kandiyohi County also serves as a contracted care coordinator for the Managed Care Organizations (MCOs) Medica and Blue Plus.

The HCBS Assessment Unit Supervisor oversees five case managers who manage AC and EW cases and have caseloads of approximately 70 cases. She also supervises four full-time assessors

who conduct all of the assessments and screenings for the waiver programs. The HCBS Assessment Unit also has two case aides as well as one office support staff.

The HCBS Ongoing Services Unit Supervisor oversees four social workers who manage DD, CAC, CADI and BI cases, one other social worker who manages CAC, CADI and BI cases, and one nurse who manages CAC, CADI, and BI cases. Two other nurses manage CAC cases where participants have high medical needs. In addition, these two nurses provide SNBC and nursing facility, MSHO/MSD+ care coordination. The Adult Mental Health Supervisor oversees four mental health workers who manage CADI and BI cases. She also supervises one children's mental health worker who manages CADI cases as well. Two case aides are also in the Adult Mental Health Unit; one performs intake duties for mental health cases, helps with billing issues, and provides general assistance to case managers while the other case aide assists with chemical dependency funding issues, commitments, and service agreements.

In addition, the HCBS units have one LTCC case aide who handles the intake process on a daily basis for the assessors and the over 65 managed care products. The intake worker collects initial information from participants and schedules assessments for all cases without a mental health diagnosis. If there is a mental health diagnosis, the case goes to the Adult Mental Health case aide who collects information and schedules assessments. The assessments are scheduled based on a rotation and supervisors assign cases to the ongoing case manager based on caseload size. The DD unit has one case aide who handles the DD intakes and enters service agreements into MMIS for case managers.

Working Across the Lead Agency

Staff identified their ability to work together and consult with one another as one of the strengths of the lead agency. Public health nurses and social workers are on the same team and are collocated. Case managers communicate with another by informally meeting with each other and through team consults.

The lead agency has a team of financial workers, two of whom primarily work with the waivers and are located in the building. Supervisors explained that one financial worker has primarily over age 65 waiver cases, while the under 65 cases are assigned on a rotating basis to a team of

financial workers. Financial workers and case managers communicate with each other through email and formal financial communication forms. While financial workers use case banking, case managers noted that they usually know who to contact with questions about a specific case. Case managers mentioned that if the designated worker does not respond to questions, they call the financial unit using the case banking system.

Adult protection staff works in the Adult Mental Health Unit. The case managers consult with the worker about investigations. Case managers generally do not go on visits with the protection worker, but they may visit as a team if the participant has any chemical or mental health concerns. Kandiyohi County also has a child protection team. Child protection workers let case managers know if a child protection case is open for a waiver participant.

Adult mental health workers are also located in the same building as waiver case managers. As previously mentioned, there are four adult mental health workers with BI or CADI cases. Children's mental health workers carry their own BI and CADI cases. Mental health case managers meet as needed to consult about specific cases.

Health and Safety

In the Quality Assurance survey, Kandiyohi County reported that staff receive training directly related to abuse, neglect, self-neglect, and exploitation. Additionally, the lead agency has policies or practices that address prevention, screening, and identification of abuse, neglect, self-neglect, and exploitation. Providers responding to the provider survey indicated that case managers are responsive to changes in participant's needs. They also said the lead agency has well-trained and knowledgeable case managers.

The lead agency discusses program and policy changes at staff meetings. Supervisors also attend trainings and share any relevant information with case managers at these meetings. Case managers also learn about policy changes through bulletins, eDocs, and the DHS website. Kandiyohi County uses a primarily electronic case file system and uses laptops and signature pads to complete forms and document signatures. The lead agency also uses an internal shared drive for paperwork and tools. Visit packets are updated with new forms by office support staff.

The HCBS Unit Supervisors reported doing periodic peer review of files and consultations with case managers as needed.

Service Development and Gaps

Lead agency staff said that the county is provider rich and that they generally have enough providers to meet the needs of consumers. However, they also shared that it is a challenge to find specialized services as a rural community, especially services for children. They said that parents have authorized respite care and PCA services, but there are not enough workers to meet the need. Case managers said there are limited options for in-home family support for children as well as limited foster care options for people with behavioral needs and people with autism.

Lead agency staff shared that many of the service gaps are due to DHS rate issues and finding providers to work in rural areas. Snow removal is one of the biggest service gaps because the chore service pay rate is low which makes it difficult to find providers because they are not able to pay market rate. Lead agency staff also said there is a shortage of senior companions and respite care for EW and mental health participants.

Kandiyohi County has experience developing new service providers, including filling the gap in employment providers by seeking an opportunity with Goodwill. The lead agency also shared that serving the county's diverse population is a challenge, and they addressed this challenge by using interpreters and culturally-appropriate providers. The lead agency uses the language line, contracts with two agencies for interpreters, and sends Spanish-speaking staff on visits when appropriate. Adult daycare providers and PCA services have also made cultural accommodations by hiring Spanish-speaking and Somali staff. In addition, there are some mental health providers in the county that speak Spanish.

Community and Provider Relationships/Monitoring

During the Waiver Review, lead agency case managers were asked to rate their working relationships with local agencies serving participants in the community. Case managers only rated agencies they have had experience working with.

Kandiyohi County Case Manager Rankings of Local Agency Relationships

| | Below Average | Average | Above Average |
|---|---------------|---------|---------------|
| Nursing Facility | 0 | 4 | 2 |
| Schools (IEIC or CTIC) | 2 | 1 | 1 |
| Hospitals (in and out of county) | 0 | 8 | 2 |
| Area Agency on Aging | 1 | 0 | 0 |
| Customized Living Providers | 0 | 3 | 1 |
| Corporate Foster Care Providers | 0 | 1 | 6 |
| Family Foster Care Providers | 0 | 1 | 1 |
| Home Care Providers | 0 | 3 | 6 |
| Employment Providers (DT&H, Supported Employment) | 0 | 3 | 0 |

Staff shared that they have good relationships with providers in their area. Case managers said there are a lot of resources in the area, and that people come to the county for services. Case managers monitor providers with visit sheets and collect information during visits. If there is a problem with a provider, case managers first try to work with the provider and participants to resolve the problem. If the problem is not resolved, case managers will hold a contract meeting with the provider, during which they put together an improvement plan. Case managers said they had very good provider monitoring when the county was managing the contracts.

Case managers said they had average or above average relationships with foster care providers. Case managers shared that foster care providers make plans around the participant's needs. They also said that corporate foster care providers are open to constructive criticism and remediate

issues when they are brought to their attention. Case managers said that they have had challenges with one customized living provider due to management changes.

Case managers rated their relationship with nursing facilities as average to above average. Case managers explained that they have built relationships over time, but there have been changes in discharge planners and the communication process since they do not do preadmission screenings anymore.

Case managers shared they have mixed experiences working with schools. They said that schools give them last minute notices about transition meetings. They also shared that schools try to get students out of school before age 21.

Case managers said they have average to above average relationships with the hospitals in and out of the county. They said that hospitals do a good job of communicating with the lead agency if a participant is admitted. Mental Health case workers said that they are informed when their waiver participants are admitted to the ER or are in the ER system.

Only one case manager had experience with the Area Agency on Aging. That case manager shared that it is difficult to find the agency's contact information.

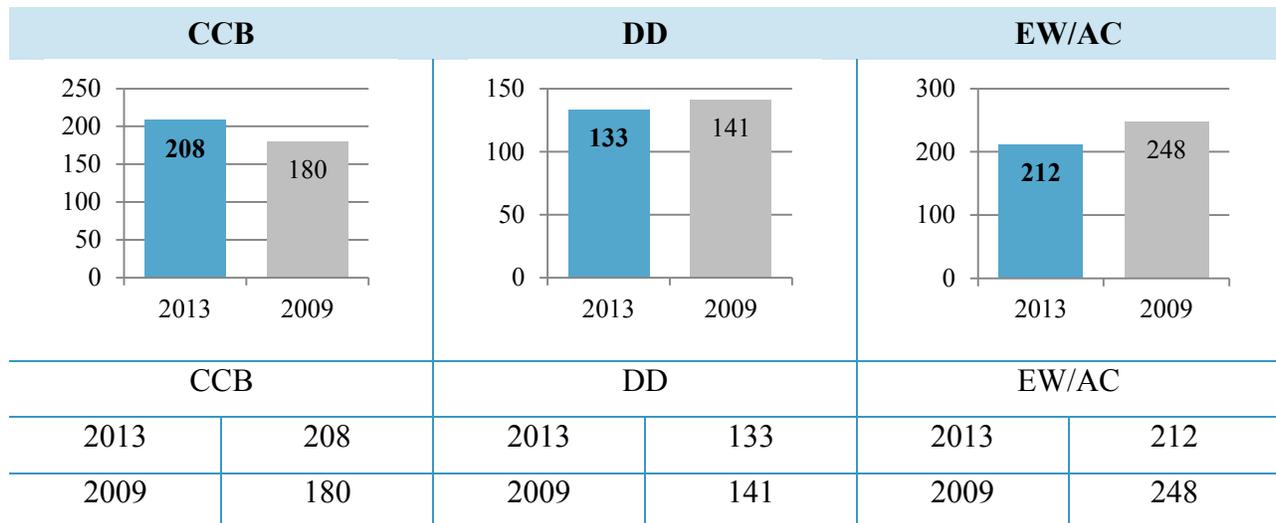
Case managers rated their relationships with home care providers as average or above average. They said that all of the providers are good providers, but they have a lot of worker turnover. They said the home care providers offer services in Spanish and Somali.

Case managers said they have average relationships with vocational providers. They shared that all of the providers do good work.

Capacity

While specific enrollment counts and demographics may vary from year to year, it is vital that lead agencies have the ability to adjust for changes in waiver program capacity.

Program Enrollment in Kandiyohi County (2009 & 2013)



Since 2009, the total number of people served in the CCB Waiver program in Kandiyohi County has increased by 28 participants (15.6 percent); from 180 in 2009 to 208 in 2013. Most of this growth occurred in the case mix B, which grew by 18 people. Additionally, case mix E grew by 14 people, and case mix H grew by 10 people. With the increases in case mixes B and E, Kandiyohi County may be serving a larger proportion of people with mental health needs.

Since 2009, the number of people served with the DD waiver in Kandiyohi County decreased by 8 participants, from 141 in 2009 to 133 in 2013. While Kandiyohi County experienced a 5.7 percent decrease in the number of people served from 2009 to 2013, its cohort had an 8.1 percent drop in the number of people served. In Kandiyohi County, the largest change occurred in profile group 2 which decreased by 10 people. The greatest change in the cohort profile groups also occurred in people having a Profile 2. Kandiyohi County serves a smaller proportion of people in groups 1 and 2 (22.6 percent), than its cohort (37.3 percent).

Since 2009, the number of people served in the EW/AC program in Kandiyohi County has decreased by 36 people (14.5 percent), from 248 people in 2009 to 212 people in 2013. This information is from a point in time and does not represent the annual aggregate. The decrease in case mix A partially reflects the creation of case mix L, a category for lower need participants. Case mix B and J grew by nine and seven people respectively. With the increase in case mix B Kandiyohi County may be serving a larger proportion of people with mental health needs.

Value

Lead agencies get the most value out of their waiver allocations by maximizing community or individual resources and developing creative partnerships with providers to serve participants. Employment, for example, provides value to waiver participants by enriching their lives and promoting self-sufficiency.

CCB Participants Age 22-64 Earned Income from Employment (2013)

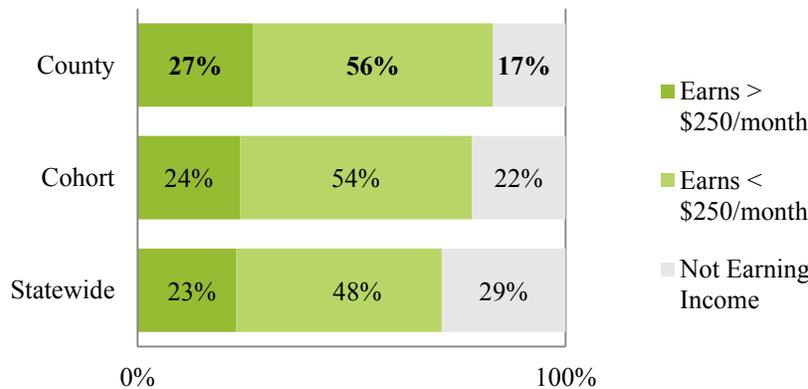


| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|------------------|---------------------|---------------------|--------------------|
| Kandiyohi County | 24% | 22% | 54% |
| Cohort | 14% | 19% | 67% |
| Statewide | 11% | 15% | 74% |

In 2013, Kandiyohi County served 157 working age (22-64 years old) CCB participants. Of working age participants, 45.2 percent had earned income, compared to 32.8 percent of the cohort's working age participants. **Kandiyohi County ranked 7th of 87 counties in the percent of CCB waiver participants earning more than \$250 per month.** In Kandiyohi County 23.6

percent of the participants earned \$250 or more per month, compared to 14.2 percent of its cohort's participants. Statewide, 10.8 percent of the CCB waiver participants of working age have earned income of \$250 or more per month.

DD Participants Age 22-64 Earned Income from Employment (2013)



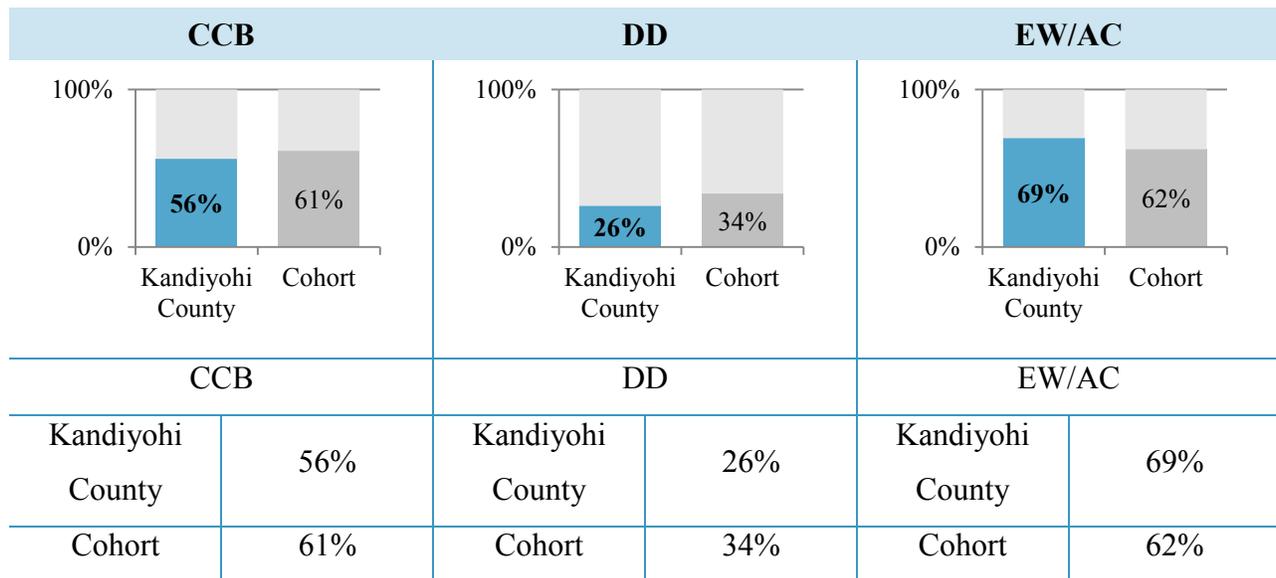
| | Earns > \$250/month | Earns < \$250/month | Not Earning Income |
|------------------|---------------------|---------------------|--------------------|
| Kandiyohi County | 27% | 56% | 17% |
| Cohort | 24% | 54% | 22% |
| Statewide | 23% | 48% | 29% |

In 2013, Kandiyohi County served 108 DD waiver participants of working age (22-64 years old). **The county ranked 36th in the state** for working-age participants earning at least \$250 per month. In Kandiyohi County, 26.9 percent of working age participants earned \$250 or more per month, while 24.4 percent of working age participants in the cohort as a whole did. Also, 82.4 percent of working age DD waiver participants in Kandiyohi County had some earned income, while 78.7 percent of participants in the cohort did. Statewide, 70.8 percent of working-age participants on the DD waiver have some amount of earned income.

Sustainability

Each year, costs for HCBS exceed \$3.5 billion statewide. To ensure participants in the near and distant future are able to receive these valued services, it is important for lead agencies to focus on sustainability. Providing the right service at the right time in the right place helps manage limited resources and promotes sustainability.

Percent of Participants Living at Home (2013)



Kandiyohi County ranks 24th out of 87 counties in the percentage of CCB waiver participants served at home. In 2013, the county served 116 participants at home. Between 2009 and 2013, the percentage decreased by 1.5 percentage points. In comparison, the cohort percentage fell by 1.2 percentage points, and the statewide average fell by 3.7 points. In 2013, 55.8 percent of CCB participants in Kandiyohi County were served at home. Statewide, 61.6 percent of CCB waiver participants are served at home.

Kandiyohi County ranks 61st out of 87 counties in the percentage of DD waiver participants served at home. In 2013, the county served 36 participants at home. Between 2009 and 2013, the percentage remained fairly stable, increasing by 0.7 percentage points; 24.8 percent to 25.5 percent. In comparison, the percentage of participants served at home in their cohort increased by 2.2 percentage points; 31.5 percent to 33.7 percent. Statewide, the percentage of DD waiver

participants served at home increased by 0.8 percentage points, from 34.4 percent to 35.2 percent.

Kandiyohi County ranks 52nd out of 87 counties in the percentage of EW/AC program participants served at home. In 2013, the county served 146 participants at home. Between 2009 and 2013, the percentage decreased by 7.3 percentage points. In comparison, the percentage of participants served at home fell by 5.2 percentage points in their cohort and increased by 1.2 percentage points statewide. In 2013, 74.8 percent of EW/AC participants were served in their homes statewide. Kandiyohi County serves a higher proportion of EW/AC participants at home than their cohort.

Average Rates per day for CADI and DD services (2013)

| | CADI | DD | | | | | | | | |
|---|---|------------------|-------|--------|-------|---|------------------|-------|--------|-------|
| Total average rates per day | <table border="1"> <tr><td>Kandiyohi County</td><td>\$101</td></tr> <tr><td>Cohort</td><td>\$107</td></tr> </table> | Kandiyohi County | \$101 | Cohort | \$107 | <table border="1"> <tr><td>Kandiyohi County</td><td>\$149</td></tr> <tr><td>Cohort</td><td>\$181</td></tr> </table> | Kandiyohi County | \$149 | Cohort | \$181 |
| Kandiyohi County | \$101 | | | | | | | | | |
| Cohort | \$107 | | | | | | | | | |
| Kandiyohi County | \$149 | | | | | | | | | |
| Cohort | \$181 | | | | | | | | | |
| Average rate per day for residential services | <table border="1"> <tr><td>Kandiyohi County</td><td>\$163</td></tr> <tr><td>Cohort</td><td>\$171</td></tr> </table> | Kandiyohi County | \$163 | Cohort | \$171 | <table border="1"> <tr><td>Kandiyohi County</td><td>\$175</td></tr> <tr><td>Cohort</td><td>\$220</td></tr> </table> | Kandiyohi County | \$175 | Cohort | \$220 |
| Kandiyohi County | \$163 | | | | | | | | | |
| Cohort | \$171 | | | | | | | | | |
| Kandiyohi County | \$175 | | | | | | | | | |
| Cohort | \$220 | | | | | | | | | |
| Average rate per day for in-home services | <table border="1"> <tr><td>Kandiyohi County</td><td>\$58</td></tr> <tr><td>Cohort</td><td>\$64</td></tr> </table> | Kandiyohi County | \$58 | Cohort | \$64 | <table border="1"> <tr><td>Kandiyohi County</td><td>\$70</td></tr> <tr><td>Cohort</td><td>\$97</td></tr> </table> | Kandiyohi County | \$70 | Cohort | \$97 |
| Kandiyohi County | \$58 | | | | | | | | | |
| Cohort | \$64 | | | | | | | | | |
| Kandiyohi County | \$70 | | | | | | | | | |
| Cohort | \$97 | | | | | | | | | |

Average Rates per day for CADI services (2013)

| | Kandiyohi County | Cohort |
|--|------------------|----------|
| Total average rates per day | \$101.10 | \$106.85 |
| Average rate per day for residential services | \$163.02 | \$170.95 |
| Average rate per day for in-home services | \$58.44 | \$63.98 |

Average Rates per day for DD services (2013)

| | Kandiyohi County | Cohort |
|--|------------------|----------|
| Total average rates per day | \$149.33 | \$181.46 |
| Average rate per day for residential services | \$175.35 | \$220.48 |
| Average rate per day for in-home services | \$69.86 | \$97.29 |

The average cost per day is one measure of how efficient and sustainable a county's waiver program is. **The average cost per day for CADI waiver participants in Kandiyohi County is \$5.75 (5.4 percent) less per day than that of their cohort.** In comparing the average cost of residential to in-home services, Kandiyohi County spends \$7.93 (4.6 percent) less on residential services, and \$5.54 (8.7 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a CADI waiver participant, Kandiyohi County ranks 39th of 87 counties. Statewide, the average waiver cost per day for CADI waiver participants is \$105.80.

The average cost per day for DD waiver participants in Kandiyohi County is \$32.13 (17.7 percent) lower than in their cohort. In comparing the average cost of residential to in-home services, Kandiyohi County spends \$45.13 (20.5 percent) less on residential services and \$27.43 (28.2 percent) less on in-home services than their cohort. In a statewide comparison of the average daily cost of a DD waiver participant, Kandiyohi County ranks 10th of 87 counties. Statewide, the average cost per day for DD waiver participants is \$186.97.

Encumbrance and payment data was reviewed for the CADI and DD waiver programs in order to examine: (1) the percentage of participants receiving individual services and (2) the percentage of waiver funds being paid to individual services and unit costs.

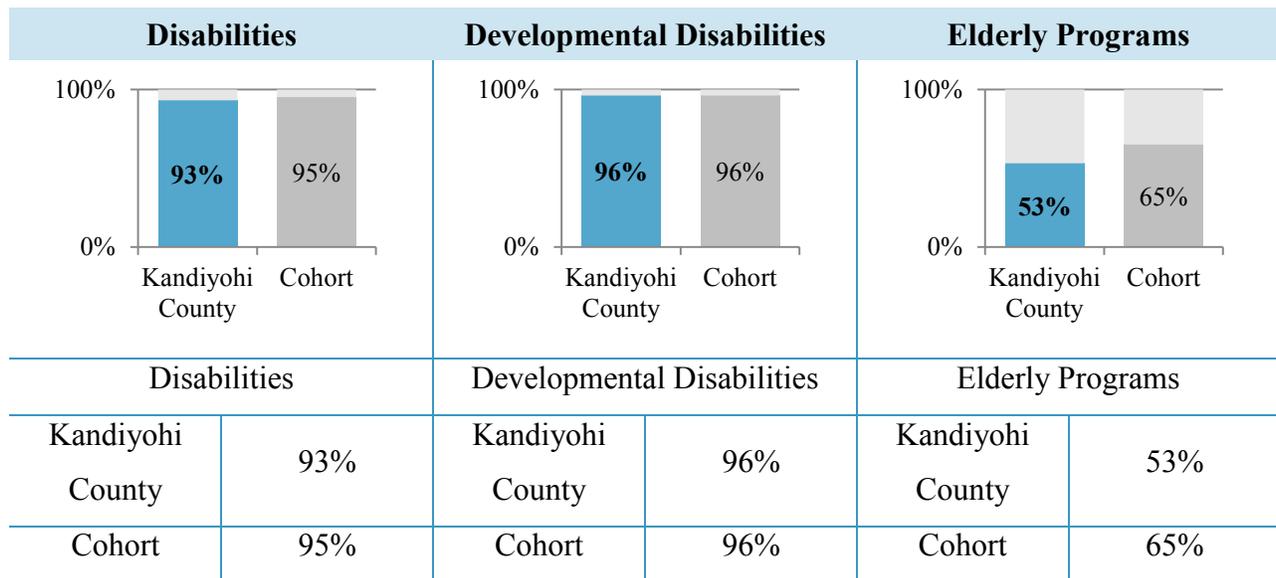
Kandiyohi County has a higher use in the CADI program than its cohort of some residential based services such as Foster Care (32% vs. 26%), but a lower use of others such as Customized Living (5% vs. 12%). The lead agency has a higher use of vocational services: Prevocational Services (12% vs. 10%) and Supported Employment Services (15% vs. 13%). They also have a higher use of some in-home services, such as Skilled Nursing (38% vs. 14%), Home Health Aide (9% vs. 5%), Home Delivered Meals (23% vs. 18%), and Independent Living Skills (22% vs. 19%), but a lower use of Homemaker (27% vs. 28%). Sixty percent (60%) of Kandiyohi County's total payments for CADI services are for residential services (54% foster care and 4% customized living) which is higher than its cohort group (55%). Their corporate foster care rates are lower than its cohort when billed monthly (\$4,949.97 vs. \$5,724.92 per month).

Kandiyohi County's use of Supportive Living Services (SLS) is higher than its cohort (75% vs. 67%) in the DD program. SLS can be a residential based service when provided in a licensed foster care or it can be an in-home service when provided to a participant living in his/her own home. The lead agency has a higher use of Day Training & Habilitation (75% vs. 61%) and a lower use of Supported Employment Services (2% vs. 4%). It has a higher use of In-Home Family Support (16% vs. 15%) than its cohort, and a lower use of Respite Care (17% vs. 18%) and CDCS (2% vs 10%).

Usage of Long-Term Care Services

Long-term Care services include both institutional-based services and Home and Community-Based Services. While institutions play a vital role in rehabilitation, lead agencies should minimize their usage and seek to provide services in a community or home setting whenever possible.

Percent of LTC Participants Receiving HCBS (2013)



In 2013, Kandiyohi County served 399 LTC participants (persons with disabilities under the age of 65) in HCBS settings and 45 in institutional care. Kandiyohi County ranked 34th of 87 counties with 92.5 percent of their LTC participants received HCBS. This rate is lower than their cohort, where 94.9 percent were HCBS participants. Since 2009, Kandiyohi County has decreased its use of HCBS by 2.8 percentage points, while the cohort increased its use by 1.6 percentage points. Statewide, 94.2 percent of LTC participants received HCBS in 2013.

In 2013, Kandiyohi County served 179 LTC participants (persons with development disabilities) in HCBS settings and nine in institutional settings. Kandiyohi County ranked 25th of 87 counties with 96.1 percent of its DD participants receiving HCBS; a slightly higher rate than its cohort (95.9 percent). Since 2009, the county's use has decreased slightly, falling by 0.5

percentage points while its cohort rate has increased by 4.5 percentage points. Statewide, 91.7 percent of LTC participants received HCBS in 2013.

In 2013, Kandiyohi County served 238 LTC participants (over the age of 65) in HCBS settings and 234 in institutional care. Kandiyohi County ranked 67th of 87 counties with 52.5 percent of LTC participants receiving HCBS. This is lower than their cohort, where 65.0 percent were HCBS participants. Since 2009, Kandiyohi County has increased its use of HCBS by 0.8 percentage points, while their cohort has increased by 4.0 percentage points. Statewide, 67.1 percent of LTC participants received HCBS in 2013.

Nursing Facility Usage Rates per 1000 Residents (2013)

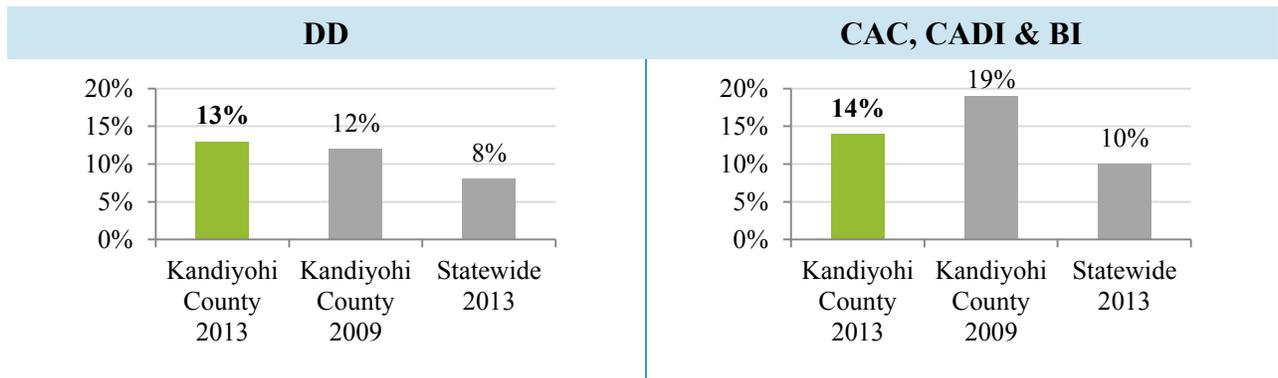
| | Kandiyohi County | Cohort | Statewide |
|----------|------------------|--------|-----------|
| Age 0-64 | 0.69 | 0.30 | 0.52 |
| Age 65+ | 28.11 | 22.30 | 21.03 |
| TOTAL | 4.84 | 3.02 | 2.58 |

In 2013, Kandiyohi County was ranked 51st out of 87 counties in their use of nursing facility services for people of all ages. The county's rate of nursing facility use for adults 65 years and older is higher than its cohort and the statewide rate. Kandiyohi County also has a higher nursing facility utilization rate for people under 65 years old. Since 2011, the number of nursing home residents 65 and older has increased by 0.6 percent in Kandiyohi County. Overall, the number of residents in nursing facilities has increased by 4.3 percent since 2011.

Managing Resources

Lead agencies receive separate annual aggregate allocations for DD and CCB. The allocation is based on several factors including enrollment, service expenses, population, etc. Lead agencies must manage these allocations carefully to balance risk (i.e. over spending) and access (i.e. long waiting lists).

Budget Balance Remaining at the End of the Year



| | DD | CAC, CADI, BI |
|-------------------------|-----|---------------|
| Kandiyohi County (2013) | 13% | 14% |
| Kandiyohi County (2009) | 12% | 19% |
| Statewide (2013) | 8% | 10% |

At the end of calendar year 2013, the DD waiver budget had a reserve. Using data collected through the waiver management system, budget balance was calculated for the DD waiver program for calendar year 2013. This balance was determined by examining the percent difference between allowable and paid funds for this program. For the DD waiver program, Kandiyohi County had a 13% balance at the end of calendar year 2013, which indicates the DD waiver budget, had a reserve. Kandiyohi County’s DD waiver balance is larger than its balance in CY 2009 (12%), and the statewide average (8%).

At the end of fiscal year 2013, the CCB waiver budget had a reserve. Kandiyohi County’s waiver budget balance was also calculated for CAC, CADI and BI programs for fiscal year 2013.

This balance was determined by examining the percent difference between allowable and authorized payments for this program. For the CAC, CADI and BI programs, Kandiyohi County had a 14% balance at the end of fiscal year 2013, which is a larger balance than the statewide average (10%), but smaller than the balance in FY 2009 (19%).

The lead agency has a small waitlist for the DD program but does not currently have any participants on a waitlist for the CCB programs. The HCBS Ongoing Services Unit Supervisor monitors the waiver budgets and waiver allocations. There is a CCB budget team that meets twice a month and includes the HCBS Ongoing Services Unit Supervisor, The HCBS Assessment Unit Supervisor, and the Adult Mental Health Supervisor. Case managers present new cases during these meetings. DD budget decisions are made at unit meetings. The lead agency prioritizes participants based on who has the greatest need for services.

Lead Agency Feedback on DHS Resources

During the Waiver Review, lead agency staff were asked which DHS resources they found most helpful. This information provides constructive feedback to DHS to improve efforts to provide ongoing quality technical assistance to lead agencies. Case managers only rated resources they have had experience working with.

Kandiyohi County Case Manager Rankings of DHS Resources

Scale: 1= Not Useful; 5= Very Useful

| | 1 | 2 | 3 | 4 | 5 |
|---------------------------------|---|---|---|---|---|
| Policy Quest | 3 | 2 | 2 | 0 | 0 |
| MMIS Help Desk | 1 | 0 | 1 | 2 | 2 |
| Community Based Services Manual | 2 | 0 | 0 | 2 | 5 |
| DHS website | 1 | 1 | 0 | 5 | 0 |
| E-Docs | 0 | 1 | 1 | 2 | 6 |
| Disability Linkage Line | 0 | 0 | 3 | 0 | 5 |
| Senior Linkage Line | 0 | 3 | 1 | 1 | 5 |
| Bulletins | 0 | 3 | 1 | 1 | 5 |
| Videoconference trainings | 0 | 1 | 2 | 0 | 7 |
| Webinars | 2 | 1 | 4 | 0 | 4 |
| Regional Resource Specialist | 0 | 0 | 1 | 6 | 2 |
| Listserv announcements | 0 | 2 | 2 | 2 | 1 |
| MinnesotaHelp.Info | 0 | 5 | 3 | 0 | 0 |
| Ombudsmen | 0 | 0 | 2 | 1 | 6 |
| DB101.org | 4 | 1 | 0 | 1 | 0 |

Case managers reported that participants in Kandiyohi County have had positive experiences with the Senior Linkage Line and the Disability Linkage Line. They said both services are very helpful, and they refer participants to these resources. The case managers shared that the Regional Resource Specialist was helpful, but retired recently. Case managers shared that they

have had good experiences when they have worked with the LTC, DD, and Mental Health Ombudsmen.

Most case managers have used videoconference trainings and webinars. They rated the videoconference trainings as very useful, and said it was nice to be a videoconference site. The case managers had mixed experiences with webinars. They said that the technology does not always work for the webinars. Case managers shared that the bulletins are useful, but that they receive a lot of them that are not relevant to their work. They found Listserv announcements less helpful. Case managers and case aides share the responsibility for finding forms and keeping track of updates to forms. They said that eDocs is helpful when it is working, but that it is sometimes down.

A few case managers said that the DHS website is useful, but staff said that the site is difficult to navigate and it can take a long time to find what they are looking for. They also said that the Community Based Services Manual is helpful but difficult to navigate. Case managers shared that they have used Policy Quest, but that it does not answer their questions or that it takes a long time to get an answer. The case managers said that Minnesotahelp.info was not a very useful resource. They said that it is not user-friendly and the filters do not work properly.

Lead Agency Strengths, Recommendations & Corrective Actions

The findings in the following sections are drawn from reports by the lead agency staff, reviews of participant case files, and observations made during the site visit.

Kandiyohi County Strengths

The following findings focus on Kandiyohi County's recent improvements, strengths, and promising practices. They are items or processes used by the lead agency that create positive results for the lead agency and its HCBS participants.

- **Kandiyohi County addresses issues to comply with Federal and State requirements.**

During the previous review in 2010, Kandiyohi County received a corrective action for consent to release information. In 2014, Kandiyohi County was fully compliant in this area, thus demonstrating technical improvements over time.

- **Case managers are responsive to participant needs and help them navigate the systems to receive the services that they need.** Case managers are consumer focused, experienced, and knowledgeable about available programs and services. There is a good mix of new and experienced case managers and both are supportive to one another, which allow them to navigate easily across programs within the agency to provide seamless services for participants. Case managers are strong advocates for participants and have good continuity over time. They are in frequent contact with waiver participants; case managers visit participants on average four times in the past 18 months across all programs.
- **Kandiyohi County staff work well together and collaborate across departments and units to serve waiver participants.** Social workers and nurses work well as an integrated unit; they are accessible to one another and problem solve with each other on cases. In addition, case managers shared that inter-departmental co-worker support is a strength of the lead agency. These strong working relationships and informal collaboration allow case managers to help participants navigate across units and enhance the services participants are receiving. Kandiyohi County should consider regularly scheduled case consultation meetings to share expertise as well as build relationships with one another to strengthen the relationships and communication with the other county units.
- **Kandiyohi County offers employment opportunities to CCB and DD participants and has achieved high rates of participants with earned income of \$250 or more.** Kandiyohi County has a focus on employment for participants with disabilities and has the expectation that participants will work. The lead agency is outperforming the statewide average and its cohort with 23.6% of CCB waiver participants (compared to 14.2% for the cohort) which ranks them 7th out of 87 counties and 26.9% of DD waiver participants (compared to 24.4% for the cohort) earning more than \$250 per month which ranks them 36th out of 87 counties. Case managers have a good relationship with vocational providers, and waiver participants are working and receiving job coach and training services from a partnership between Kandiyohi County and Goodwill. The lead agency should continue their effort to partner with other local businesses and grow employment opportunities for waiver participants.
- **The case files reviewed in Kandiyohi County consistently met HCBS program requirements. Participant case files are well-organized and complete.** Nearly all of the

required documentation and forms were included in the file, including 100% of OBRA Level One forms; ICF/DD Level of Care forms; CAC forms; 24-hour supervision is documented for EW cases; care plans are signed and dated by participants and case managers; DD screening documents are current, signed, and dated by all required parties; emergency contact information is in the file; Participants received the required number of face-to-face visits by case managers in the past 18 months. In addition, 99% of case files included a current signed and dated informed consent to share information form and notice of privacy practices (HIPAA).

- **Kandiyohi County case managers develop person-centered and participant friendly care plans in addition to including required information.** The care plan is the one document that all participants receive that contains all the information about their plan of care. The care plans reviewed included 100% of required content, such as participant health and safety issues, all services to be provided, and participant outcomes and goals were documented. The lead agency also included information about needs, services, and health and safety in the care plan which exceeds program requirements. Moreover, care plans in Kandiyohi County were thoughtfully written and meaningful to each individual participant and his/her unique situation. 95% of care plans reviewed included participants' preferences and names and addressed participants' behavioral medical issues. Case managers also do a great job of documenting detailed information about participants in the assessment notes. For example, 100% of assessments reviewed contained notes used to explain IADL and ADL needs and contained detailed information to explain the participant's situation.
- **Kandiyohi County has developed a strong electronic case file system for the waiver programs.** All components of participant's case files are contained in the electronic file system. Kandiyohi County case managers can easily access a shared network drive which includes links to the up-to-date versions of all required forms. They also have access to laptops, signature pads, and bar scanners to use while visiting participants on assessment and reassessments. This helps promote organizational efficiencies and consistencies and helps provide seamless services to participants as important information is easily accessible in the event that a case manager is out of the office.

- **Kandiyohi County staff is well-connected with providers and other organizations in communities that serve participants.** Case managers have worked to build strong relationships with area providers. They work closely with local corporate foster care providers, vocational providers, hospitals, and nursing homes and are in frequent communication with providers about the needs of the participants they are serving. These relationships assure that providers are responsive to participants' changing needs and are willing to stretch to ensure that participant needs are met. The results of the provider survey gave very positive feedback about Kandiyohi County; 100% of respondents reported that they receive needed assistance when it is requested and submit monitoring reports to the lead agency.

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help Kandiyohi County work toward reaching their goals around HCBS program administration. The following recommendations would benefit Kandiyohi County and its HCBS participants.

- **Include details about the participant's services in the care plan.** The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 94% of case files reviewed included the provider name in the care plan, only 15% of cases reviewed included the annual amount allowed.
- **Continue the use visit sheets in the DD program and expand the use of them across the other waiver programs to document provider performance and participant satisfaction.** Visit sheets can be used to monitor a participant's progress, note changes or additional needs of a participant and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face to face visits. The visit sheet should also

include standard questions to assess participant satisfaction with providers. In Kandiyohi County, only 60% of the case files reviewed contained documentation of participant satisfaction.

- **Consider developing additional systems or business practices across the different work units to support case managers.** With continually changing policies under MnCHOICES administering the waiver programs and providing case management will become more complicated. The HCBS Assessment Unit, HCBS Ongoing Services Unit, and Adult Mental Health Unit may want to create a more formal process to communicate with one another, such as weekly joint staff meetings, especially between MnCHOICES assessors and case managers. In addition, to make sure case managers keep up to date with policy changes to programs, Kandiyohi County should have plans in place to provide training and mentorship to new staff in order for them to quickly get up to speed on program requirements.
- **Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.** Kandiyohi County has lower rates of participants served at home than its cohort in the DD and CCB programs. Only 25.5% of DD participants are served at home (61st of 87 counties), 55.8% of CCB participants are served at home (24th of 87 counties), and 68.9% of elderly participants are served at home (52nd of 87 counties) indicating high use of residential services. It is recommended that the lead agency work across programs to develop HCBS services to serve participants of all levels of need in their own homes in the community instead of in a residential setting. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills, chores, nursing, and in-home support services. The lead agency needs to be deliberate in developing these services and communicating expectations to providers by issuing a Request for Information (RFI) or Request for Proposals (RFP) from area providers. By supporting more participants to live independently, space in residential settings will become available which will allow providers to repurpose the vacant foster care beds to meet emerging needs.
- **Consider using contracted case management services to help serve participants that live out of the region and deliver culturally appropriate services.** Other lead agencies

have found that contracted case management in these types of situations is an effective use of case management time and helps the agency respond to shifts in the demographics of people served by the waiver programs. Contracted companies may also specialize in delivering culturally appropriate case management services and understand varying perspectives and preferences of care. Kandiyohi County needs to require the contracted case managers to adhere to lead agency practices and maintain case files with documentation of all required paperwork.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where Kandiyohi County was found to be inconsistent in meeting state and federal requirements. Kandiyohi County was found to have no corrective actions as there were no patterns of noncompliance discovered. However, Kandiyohi County is required to submit a Case File Compliance Worksheet as described below.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Kandiyohi County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on five cases. Kandiyohi County submitted a completed compliance report on September 3, 2014.

Waiver Review Performance Indicator Dashboard

Scales for Waiver Review Performance Indicator Dashboard

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

PR: Program Requirement

CCB: A combination of the CAC, CADI, and BI waiver programs

| PARTICIPANT ACCESS | ALL | AC / EW | CCB | DD | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Participants waiting for HCBS program services | 3 | N / A | 1 | 2 | N / A | N / A |
| Screenings done on time for new participants (PR) | 97% | 100% | 94% | 100% | ALL | N / A |
| Participants in institutions receive face-to-face screening (CCB) in past year or full team screening (DD) in past three years | N / A | N / A | 70% | 100% | CCB, DD | N / A |
| PERSON-CENTERED SERVICE PLANNING & DELIVERY | ALL | AC / EW n=24 | CCB n=28 | DD n=13 | Strength | Challenge |
| Timeliness of assessment to development of care plan (PR) | 98% | 100% | 96% | N / A | AC / EW, CCB | N / A |
| Care plan is current (PR) | 98% | 100% | 96% | 100% | ALL | N / A |

| PERSON-CENTERED SERVICE PLANNING & DELIVERY (continued) | ALL | AC / EW n=24 | CCB n=28 | DD n=13 | Strength | Challenge |
|--|------------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Care plan signed and dated by all relevant parties (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| All needed services to be provided in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Choice questions answered in care plan (PR) | 97% | 100% | 93% | 100% | ALL | N / A |
| Participant needs identified in care plan (PR) | 91% | 96% | 82% | 100% | AC / EW, DD | N / A |
| Inclusion of caregiver needs in care plans | 69% | 60% | 60% | 100% | DD | N / A |
| OBRA Level I in case file (PR) | 100% | 100% | 100% | N / A | AC / EW, CCB | N / A |
| ICF/DD level of care documentation in case file (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document is current (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| DD screening document signed by all relevant parties (PR for DD only) | 100% | N / A | N / A | 100% | DD | N / A |
| Related Conditions checklist in case file (DD only) | N / A | N / A | N / A | N / A | N / A | N / A |
| TBI Form | 90% | N / A | 90% | N / A | CCB | N / A |
| CAC Form | 100% | N / A | 100% | N / A | CCB | N / A |
| Employment assessed for working-age participants | 94% | N / A | 91% | 100% | CCB, DD | N / A |
| Need for 24 hour supervision documented when applicable (EW only) | 100% | 100% | N / A | N / A | AC / EW | N / A |
| PROVIDER CAPACITY & CAPABILITIES | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Case managers provide oversight to providers on a systematic basis (QA survey) | Some of the time | N / A | N / A | N / A | N / A | ALL |
| LA recruits service providers to address gaps (QA survey) | Some of the time | N / A | N / A | N / A | N / A | ALL |

| PROVIDER CAPACITY & CAPABILITIES (continued) | ALL | AC / EW | CCB | DD | Strength | Challenge |
|--|------------------|-----------------------------|---------------------|--------------------|-----------------|------------------|
| Case managers document provider performance (QA survey) | Some of the time | N / A | N / A | N / A | N / A | ALL |
| Percent of providers who report receiving the needed assistance when they request it from the LA (<i>Provider survey, n=3</i>) | 100% | N / A | N / A | N / A | ALL | N / A |
| Percent of providers who submit monitoring reports to the LA (<i>Provider survey, n=3</i>) | 100% | N / A | N / A | N / A | ALL | N / A |
| PARTICIPANT SAFEGUARDS | ALL | AC / EW n=24 | CCB n=28 | DD n=13 | Strength | Challenge |
| Participants are visited at the frequency required by their waiver program (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Health and safety issues outlined in care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Back-up plan (Required for EW, CCB, and DD) | 97% | 100% | 93% | 100% | ALL | N / A |
| Emergency contact information | 100% | 100% | 100% | 100% | ALL | N / A |
| PARTICIPANT RIGHTS & RESPONSIBILITIES | ALL | AC / EW n=24 | CCB n=28 | DD n=13 | Strength | Challenge |
| Informed consent documentation in the case file (PR) | 99% | 100% | 96% | 100% | ALL | N / A |
| Person informed of right to appeal documentation in the case file (PR) | 97% | 100% | 93% | 100% | ALL | N / A |
| Person informed privacy practice (HIPAA) documentation in the case file (PR) | 99% | 100% | 96% | 100% | ALL | N / A |

| PARTICIPANT OUTCOMES & SATISFACTION | ALL | AC / EW n=24 | CCB n=28 | DD n=13 | Strength | Challenge |
|--|------------|-------------------------|---------------------|--------------------|-----------------|------------------|
| Participant outcomes & goals stated in individual care plan (PR) | 100% | 100% | 100% | 100% | ALL | N / A |
| Documentation of participant satisfaction in the case file | 60% | 50% | 50% | 100% | DD | N / A |
| SYSTEM PERFORMANCE | ALL | AC / EW | CCB | DD | Strength | Challenge |
| Percent of required HCBS activities in which the LA is in compliance (QA survey) | 100% | N / A | N / A | N / A | ALL | N / A |
| Percent of completed remediation plans submitted by LA of those needed for non-compliant items (QA survey) | N / A | N / A | N / A | N / A | ALL | N / A |
| Percent of LTC recipients receiving HCBS | N / A | 53% | 93% | 96% | N / A | AC / EW, CCB |
| Percent of LTC funds spent on HCBS | N / A | 31% | 86% | 94% | N / A | AC / EW, CCB |
| Percent of waiver participants with higher needs | N / A | 70% | 96% | 84% | ALL | N / A |
| Percent of program need met (enrollment vs. waitlist) | N / A | N / A | 98% | 99% | DD | N / A |
| Percent of waiver participants served at home | N / A | 69% | 56% | 26% | AC / EW | CCB, DD |
| Percent of working age adults employed and earning \$250+ per month | N / A | N / A | 24% | 27% | CCB, DD | N / A |

Attachment A: Glossary of Key Terms

AC is the Alternative Care program.

BI is the Brain Injury Waiver (formerly referred to as the Traumatic Brain Injury waiver).

CAC is the Community Alternative Care Waiver.

CADI is Community Alternatives for Disabled Individuals Waiver.

Care Plan is the service plan developed by the HCBS participant's case manager (also referred to as Community Support Plan, Individual Support Plan and Individual Service Plan).

Case Files: Participant case files are the compilation of written participant records and information of case management activity from electronic tracking systems. They were examined for much of the evidence cited in this report.

Case File Compliance Worksheet: If findings from the review indicate that case files do not contain all required documentation, lead agencies will be provided with a Case File Compliance Worksheet that they will use to certify compliance items have been addressed.

CCB refers to the CAC, CADI and BI programs, which serve people with disabilities.

CDCS refers to Consumer-Directed Community Supports. This is a service option available for participants of all waiver programs that allows for increased flexibility and choice.

Challenge: An item on the Waiver Review Performance Indicator Dashboard is listed as a challenge if the lead agency scored below 70%, is being outperformed by its cohort, or self-reported a non-compliant practice regarding DHS requirements or best practices.

CMS is the federal Centers for Medicare & Medicaid Services.

Cohort: All counties are categorized into one of five cohorts to allow for comparisons to be made amongst similar counties. Cohort one includes the counties serving a smaller number of HCBS participants, while cohort five includes the counties serving the largest number of HCBS participants.

DD is the Developmental Disabilities Waiver.

DHS is the Minnesota Department of Human Services.

Disability waiver programs refer to the CAC, CADI and BI Waiver programs.

EW is the Elderly Waiver.

HCBS are Home and Community-Based Services for persons with disabilities and the elderly: For the purpose of this report, HCBS include the Alternative Care program, CAC, CADI, Elderly, DD and BI Waivers.

Home care services refer to medical and health-related services and assistance with day-to-day activities provided to people in their homes. Examples of home care services include personal care assistant, home health aide and private duty nursing.

Lead agency is the local organization that administers the HCBS programs. A lead agency may be a County, Managed Care Organization, or Tribal Community.

Lead Agency Quality Assurance (QA) Plan Survey: Gathers information about lead agency compliance with state and federal requirements, quality assurance activities, and policies/practices related to health and safety.

Lead Agency Program Summary Data is data from MMIS/MAXIS and is used to compare lead agency performance to State averages and similar lead agencies for several operational indicators. This packet of data is formerly known as the operational indicators report. This data is presented to each lead agency during the waiver review site visit.

LTCC, or Long-Term Care Consultation, is used by case managers to assess participant health needs and participants' ability to live safely in their homes.

MnCHOICES is a project that creates and implements a single, comprehensive and integrated assessment and support planning applications for long-term services and supports in Minnesota.

Participants are individuals enrolled and receiving services in a HCBS program.

Promising practice: An operational process used by the lead agency that consistently produces a desired result beyond minimum expectations. Also referred to as best practices.

Policies are written procedures used by lead agencies to guide their operations.

Provider contracts are written agreements for goods and services for HCBS participants, executed by the lead agency with local providers.

Provider Survey: Gathers feedback on lead agency strengths, areas for improvement, and lead agency communication with providers.

Strength: An item on the Waiver Review Performance Indicator Dashboard is listed as a strength if the lead agency scored 90% to 100% on the item, outperformed its cohort, or self-reported a compliant practice in alignment with DHS requirements or best practices.

Residential Services support people in outside of their homes, and include supported living services, foster care and customized living services.

Waiver Review Performance Indicators Dashboard is a visual summary of lead agency performance drawing from operational indicators, case file data and survey data.

Waiver Review Site visit refers to the time DHS and IG are on site with the lead agency to collect data used in this report.